

Case Number:	CM13-0071499		
Date Assigned:	01/08/2014	Date of Injury:	09/22/2012
Decision Date:	06/06/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55-year-old male heavy equipment operator sustained an industrial crush injury to his left lower extremity on 9/22/12, when he dropped a 6000-pound iron plate on the side of his leg. He was diagnosed with a left distal tibial fracture and underwent open reduction and internal fixation on 9/23/12. The 10/30/12 left knee CT scan documented a lateral tibial plateau fracture. The 12/24/12 left fracture x-rays revealed a possible fracture through the os calcis. The 8/9/13 left knee MRI impression demonstrated: thinned cartilage of the medial and lateral femoral condyle and tibial plateau which causes narrowing of the joint spaces; focal osteochondral defect at the posterior aspect of the medial femoral condyle cartilage; marginal osteophyte at the medial and lateral femoral condyle and tibial plateau; subchondral cyst in the posterior aspect of the medial femoral condyle and medial aspect of the lateral tibial plateau; peripheral subluxation of the medial meniscus; possible medial and lateral meniscus tears; lateral collateral ligament complex sprain; possible partial anterior cruciate ligament tear with associated buckling of the posterior cruciate ligament; knee joint effusion; bone island in the anterior aspect of the medial femoral epiphysis, lateral aspect of the medial tibial epiphysis, and medial aspect of the lateral femoral diaphyseal region; and possible atypical hemangioma in the lateral diaphyseal region. The 9/30/13 progress report cited frequent grade 4-8/10 left knee anterolateral joint line pain, worse with walking, standing, and weight bearing. There was occasional giving way of the left knee and he has fallen once. Physical exam findings noted lateral tibial plateau pain to palpation, positive McMurray's test at the lateral joint line, 2+ patellar grinding, no ligamentous laxity, knee flexion 135 degrees, and extension -10 degrees. The left knee MRI findings were reviewed and referral for surgical consultation was recommended. The 11/4/13 orthopedic report recommended an arthroscopic meniscectomy and debridement of the left knee. The 12/3/13 utilization review non-certified the request for left knee surgery based on an absence of

documented previous conservative treatment. The 12/16/13 orthopedic appeal indicated that the patient continued to have left knee pain, swelling and catching with MRI evidence of a clinically significant medial meniscus tear. The patient had failed physical therapy and exercises. The orthopedist requested a left knee arthroscopic meniscectomy and debridement of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LEFT KNEE ARTHROSCOPIC MENISCECTOMY AND DEBRIDEMENT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Meniscectomy.

Decision rationale: Under consideration is a request for left knee arthroscopic meniscectomy and debridement. The California MTUS guidelines do not provide surgical recommendations for chronic injuries. The Official Disability Guidelines recommend meniscectomy for traumatic tears when conservative care has been attempted and there are subjective, objective, and imaging findings of meniscal tear. Guideline criteria have been met. This patient presents with subjective and objective clinical findings that meet guideline criteria for meniscectomy, and positive imaging evidence of a meniscal tear. Comprehensive conservative treatment, including physical therapy, exercise, medication and activity modification, has been tried and failed. Therefore, this request for left knee arthroscopic meniscectomy and debridement is medically necessary.

POST-OPERATIVE PHYSICAL THERAPY 3 TIMES PER WEEK FOR 4 WEEKS TO THE LEFT KNEE: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. Guideline criteria have been met. Therefore, this request for post-operative physical therapy, 3 times per week for 4 weeks, to the left knee is medically necessary.

DEEP VEIN THROMBOSIS (DVT)/PNEUMATIC COMPRESSION WRAPS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Venous Thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, DVT/Venous Thrombosis.

Decision rationale: California MTUS guidelines are silent with regard to the requested item and DVT prophylaxis. The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. There is no evidence in the medical records that this patient was at high risk of developing venous thrombosis. There are no identified coagulopathic risk factors. Guideline criteria have not been met. There is no documentation of why compression stockings would be insufficient to address any post-operative concerns of DVT development. The request for deep vein thrombosis (DVT)/pneumatic compression wraps is not medically necessary.